

ENVIRONMENTAL STRATEGY—ADP 7235G
Prevention Activities Data System
Reporting Period Dates: 7/1/1999 through 6/30/2000

See the reverse side for instructions on completing this form.

SECTION A. PROVIDER/PROGRAM INFORMATION

1. COUNTY NAME _____
2. PROVIDER NAME _____
3. CONTACT PERSON'S NAME _____
4. TODAY'S DATE _____
5. PROVIDER ID NO.

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6. TELEPHONE NO.(____) _____

7. STRATEGY STATUS: ☐ Existing Services ☐ Expansion of Services ☐ New or Enhanced Services

SECTION B. TARGET ENVIRONMENTS Please check (✓) all boxes that apply.

PLACES:

- ☐ (a) Alcohol Outlets
 - ☐ (b) AOD Treatment/Recovery
 - ☐ (c) Correctional Facilities
 - ☐ (d) Faith Center
 - ☐ (e) Health Care Facilities
 - ☐ (f) Hotel/Motel
 - ☐ (g) Neighborhoods
 - ☐ (h) Open Space

EVENTS:

- (i) Public Facilities
 - (j) Residences
 - (k) Schools
 - (l) Shopping/Commercial Area
 - (m) Vehicles
 - (n) Workplaces
 - (o) All other places (specify)

- ☐ (p) Block/Street Parties/Community Events
☐ (q) Conventions and Trade Shows
☐ (r) County Fairs and Other Mass Events
☐ (s) Graduation/Other Institutional Events
☐ (t) National/State Holiday Celebration
☐ (u) Special Events for Affinity Groups
☐ (v) Other (specify) _____

2. PROBLEMS AND ENVIRONMENTAL APPROACHES USED. Please check (✓) all boxes that apply.

APPROACHES

<u>PROBLEMS</u>	Info/Ed	Presentation	Mass Rally	Networking	Training	Documentation Observation	Official Action	Media
(a) Public Inebriation/Public Drinking								
(b) Violence								
(c) Illicit Drug Dealing								
(d) Driving Under the Influence								
(e) Other Crime								
(f) Youth Access								
(g) Loitering, Littering, Noise								
(h) Heavy Drinking or Drug Use								
(i) Workplace/Other Organ. Problem								
(j) Other (specify)								

3. **SERVICE POPULATIONS.** Check (✓) all boxes that apply. The populations with an asterisk (*) are considered high-risk categories.

- | | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | (a) Business and Industry |
| <input type="checkbox"/> | (b) Children of Substance Abusers* |
| <input type="checkbox"/> | (c) Civic Groups/Coalitions |
| <input type="checkbox"/> | (d) College Students |
| <input type="checkbox"/> | (e) Delinquent/Violent Youth* |
| <input type="checkbox"/> | (f) Economically Challenged* |
| <input type="checkbox"/> | (g) Elementary School Students |
| <input type="checkbox"/> | (h) Employee Groups/Unions |
| <input type="checkbox"/> | (i) Fire Professionals |
| <input type="checkbox"/> | (j) General Population |
| <input type="checkbox"/> | (k) Government/Elected Officials |
| <input type="checkbox"/> | (l) Health Professionals |
| <input type="checkbox"/> | (m) High School Students |
| <input type="checkbox"/> | (n) HIV Infected Persons |

- ☐ (o) Homeowners Associations
☐ (p) IV Drug Users
☐ (q) Law Enforcement/Military
☐ (r) Lesbian/Gay/Bisexual/Transgender
☐ (s) Local Municipal Agencies
☐ (t) Middle/Jr High School Students
☐ (u) Neighborhood Associations
☐ (v) Older Adults
☐ (w) Parents/Families
☐ (x) People With Mental Health Problems*
☐ (y) Persons Using Substances*
☐ (z) Persons With Physical Disabilities*
☐ (aa) Physical/Emotional Abuse Victims*
☐ (bb) Pregnant Women/Teens

- ☐ (cc) Preschool Students
☐ (dd) Prevention/Treatment Professionals
☐ (ee) Professional/Trade Associations
☐ (ff) Religious Groups
☐ (gg) Retailers
☐ (hh) Runaway/Homeless Youth*
☐ (ii) School Dropouts
☐ (jj) Social Service Provider
☐ (kk) Teachers/Administrators/Counselors
☐ (ll) Voluntary/Fraternal Community Service
☐ (mm) Women and Children
☐ (nn) Youth/Minors
☐ (oo) Other (specify)

SECTION C. PARTICIPANT CHARACTERISTICS. In subsections C1., C2., and C3., enter the number of persons served during this reporting period. If an actual count is not possible, please estimate numbers.

1. RACE/ETHNICITY:

- (a) White, Not Hispanic _____
- (b) Asian or Pacific Islander _____
- (c) Hispanic/Latino _____

- (d) Native American/ Alaska Native _____
- (e) African American _____
- (f) Multiracial/Multiethnic _____
- (g) Other _____
(specify) _____

- ## 2. AGE (YEARS)

- (a) Under 5 _____
 (b) 5 - 9 _____
 (c) 10 - 12 _____
 (d) 13 - 15 _____
 (e) 16 - 18 _____
 (f) 19 - 25 _____
 (g) 26 - 55 _____
 (h) Over 55 _____

- ### 3. GENDER

- (a) Male _____
(b) Female _____
(c) Other _____

SECTION D. ENVIRONMENTAL SERVICES PROVIDED FOR THE REPORTING YEAR(S).

	No. Of Projects Begun This Period	No. Continuing This Period	No. Policies Adopted This Period
(a) Zoning Ordinances for Alcohol Outlets, New			
(b) Zoning Ordinances, Abate Existing Outlets			
(c) Drinking in Public Ordinances Passed/Improved			
(d) One-Day Event Requirements Passed/Improved			
(e) School Policies Passed/Improved (K-12)			
(f) School Policies Passed/Improved (college)			
(g) Workplace Policies (not EAP, programs only)			
(h) State ABC Regulations Passed/Improved			
(i) Other Local Control Powers Passed/Improved			
(j) Social Host Training/Management Programs			
(k) Commercial Host Training/Management Programs			
(l) Holiday Campaigns and Special Events (e.g. First Night)			
(m) Managing Hi-risk Advertising/Billboard Controls			
(n) Facility Design to Prevent AOD Problems (e.g. Crime Prevention Through Environmental Design (CPTED))			
(o) Improved Enforcement			
(p) Neighborhood Mobilization			
(q) Community Development			
(r) Other (specify)			

**INSTRUCTIONS FOR COMPLETING
ENVIRONMENTAL STRATEGY—FORM ADP 7235G (Revised 7/1/99)**

Environmental: This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing the incidence and prevalence of the abuse of alcohol, tobacco, and other drugs by the general population. This strategy can be divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives, and those that relate to the service- and action-oriented initiatives. “Environmental” prevention focuses on local retail, public, and social environments for alcohol/drug availability and use.

SECTION A. PROVIDER/PROGRAM INFORMATION

- 1. **County Name:** Enter the name of the county where the program is located.
- 2. **Provider Name:** Enter the complete name of the program as it appears on the contract with the county.
- 3. **Contact Person’s Name:** Enter the name of the provider’s contact person. This person may be the program director, executive director, or a designee.
- 4. **Today’s Date:** Enter the date the forms are completed.
- 5. **Provider ID No.:** Enter the same numbers that were entered on Form 7235A, Section A, No. 3.
- 6. **Telephone No.:** Enter the area code and phone number (and extension, if any) of the person named in No. 3.
- 7. **Strategy Status:** Check “Existing Services” if the services began prior to the beginning date of the current reporting period; check “Expansion of Services” if existing services are being expanded by additional capacity, slots, caseload; and check “New or Enhanced Services” if new services are being added or additional service elements are expanded during the current reporting period.

SECTION B. PARTICIPANT BASED

- 1. **Target Environments:** Check all the boxes that apply to the appropriate place or event that was targeted. The target environment is a place(es) or event(s) that has been identified as a significant source of ATOD problems in the community. *Places* are facilities such as individual building, classes of buildings, and particular land-use such as a park in which ATOD problems occur over time. Examples are “Joe’s Bar on Main Street,” “all off-sale alcohol outlets,” and “City Parking Lot No.5.” Events are short-term occasions at which alcoholic beverages are sold or served at the site of the event. Examples are the “XYZ Corporation Annual Wine and Cheese Festival,” the “Smallville Independence Day Picnic,” and “unsupervised teen-aged parties at private homes.”
- 2. **Problems and Environmental Approaches Used:** Check all the appropriate boxes to indicate the types of problems and environmental approaches used. Analysis of ATOD problem environments includes identifying the sources of ATOD problems and possible solutions. The “Three Actor Theory” helps planners determine both problems and solutions. Three sets of actors are involved with every problem environment, no matter how large or how small. The three sets are owners/managers, occupants/neighbors, and officials/other interested parties. Identify the sources of ATOD problems in the environment, and the solutions to the problems by checking the appropriate boxes in the approaches section.
- 3. **Service Populations:** Check all the appropriate boxes of the populations or groups that were targeted.

SECTION C. PARTICIPANT CHARACTERISTICS

- 1. **Race/Ethnicity:** Enter the number of participants in each race/ethnicity category. If an actual count is not possible, please estimate numbers. Optional subcategories for Native American are: Multitribal Affiliation and Other Native American. Optional subcategories for Asian or Pacific Islander are: Japanese, Okinawan, Korean, Filipino, Chinese, Mixed-Part Hawaiian, Vietnamese, Cambodian, Native Hawaiian, Samoan, and Other Asian or Pacific Islander. Optional subcategories for Hispanic/Latino are: Puerto Rican, Mexican, Cuban, and Other Hispanic/Latino.
- 2. **Age:** Enter the number of participants in each age category. If an actual count is not possible, please estimate the numbers.
- 3. **Gender:** Enter the number of participants in each gender category. If an actual count is not possible, please estimate the numbers. The category of “Other” could include male and female cross dressers, transvestites, female and male impersonators, pre-operative and post-operative transsexuals.

SECTION D. Environmental Services Provided for the Reporting Year(s): Enter the total number of projects begun in the reporting period; the number of projects that are continuing in this reporting period; and the number of policies adopted during this reporting period.

Other references regarding the environmental approach to prevention:

The Environmental Approach to Community ATOD Prevention: An Action Manual (California Department of Alcohol and Drug Programs, Sacramento, CA, 1997, (ADP) 97-3501). This manual is available at no charge through ADP’s Resource Center at 800-879-2772, 1700 K Street, Sacramento CA 95814.

ASIPS/GIS Program Manual (Wittman, Harding, and Sparks, 1997). For information, contact the Community Prevention Planning Program at 510-540-4717.

Prevention Pipeline (September 1997). Contact the Community Prevention Planning Program at 510-540-4717 for information about the three actor theory.

Prevention Extension Program (EMT Associates). For information contact EMT Associates at 916-983-6680.